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UTILITY
PATENT APPLICATION
TRANSMITTAL

TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 01807.101570.

Express Mail Label No.

First Named Inventor or Application Identifier

YOUENN FABLET

APPLICATION ELEME	NTS			Mail Stop Patent Application				
See MPEP chapter 600 concerning utility patent application contents.		s. AD	ADDRESS TO: Commissioner for Patents					
				P.O. Box 1450 Alexandria, VA 22313-1450				
Fee Transmittal Form			7					
(Submit an original, and a duplicate for fee p	rocessing)	7	7	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				
Applicant claims small entity status.								
See 37 CFR 1.27.		8		Nucleotide and/or Amino Acid Sequence Submission				
				(if applicable, all necessary)				
3. X Specification Total Pa	nges 37			a. Computer Readable Form (CRF)				
	. [-			b. Specification Sequence Listing on:				
4. X Drawing(s) (35 USC 113) Total St	rawing(s) (35 USC 113) Total Sheets 5			i. CD-ROM or CD-R (2 copies); or				
5. Oath or Declaration Total Pa	Oath or Declaration Total Pages			ii. paper				
a. Newly executed (original or o	copy)			c. Statements verifying identity of above copies				
	,		ACCOMPANYING APPLICATION PARTS					
	b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)			Assignment Papers (cover sheet & document(s))				
; DELETION OF IN	VENTOR(O)	10.		37 CFR 3.73(b) Statement				
Signed Statement a	i. DELETION OF INVENTOR(S) Signed Statement attached deleting			(when there is an assignee) Power of Attorney				
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).				English Translation Document (if applicable)				
6. X Application Data Sheet. See 37 CFR 1.76				Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations				
		13.		Preliminary Amendment				
		14.	Х	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
				(Ghould be specifically Refilized)				
		15.		Certified Copy of Priority Document(s)				
		16		(if foreign priority is claimed)				
		16.		Other:				
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:								
Continuation Divisional Continuation-in-part (CIP) of prior application No/ Prior application information: Examiner Group/Art Unit:								
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is								
considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
18. CORRESPONDENCE ADDRESS								
	10. 001112	05514	אטטו					
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below								
NAME	•							
Address								
City	04-4-							
Country	State Telephone			Zip Code				

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	24-20 =	4	X \$ 18.00 =	\$72.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	6-3 =	3	X \$ 88.00 =	\$258.00
	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$290.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$770.00
	-		Total of	above Calculations =	\$1,100.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9, 1	1.27, 1.28).	
				TOTAL =	\$1,100.00
9. Sn a.		ntity statement is enclose			
a. b. c. 20.	A small er A small er and desire Is no long X A check in the amo A check in the amo e Commissioner is hereb 0. 06-1205:	ntity statement was filed in ed. er claimed. bunt of \$ to common to graph to common to graph to common years.	n the prior nonprovision to cover the filing feo	ee is enclosed. enclosed.	
a. b. c. 20.	A small er A small er and desire Is no long X A check in the amo A check in the amo e Commissioner is hereb 0. 06-1205: X Fees requ	ntity statement was filed in ed. er claimed. bunt of \$ to c	n the prior nonprovision to cover the filing feo	ee is enclosed. enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	CARL B. WISCHHUSEN			
SIGNATURE	Carl B. Wisekhuser			
DATE	MARCH 2, 2004			

Form #125

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